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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) DSI-10402/22	
In re Application of Lawrence W. Cosenza			
Application Number 10/735,203		Filed December 12, 2003	
For SACROMASTIGOPHORIC THERAPEUTIC AGENT DELIVERY SYSTEM			
Art Unit 1633		Examiner A. M. S. Wehbe	

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 510.00
 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 255.00
 A check in the amount of the fee is enclosed.

 Payment by credit card. Form PTO-2038 is attached.

 The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-1180. I have enclosed a duplicate copy of this sheet.

 A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.

I am the

 applicant /inventor.

/Avery N. Goldstein, Ph.D./
Signature

 assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

Avery N. Goldstein, Ph.D.
Typed or printed name

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 attorney or agent acting under 37 CFR 1.34.

Telephone number

Registration number if acting under 37 CFR 1.34. _____

February 25, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.